

rules and agree to the resolution, H. Res. 357, on which the yeas and nays are ordered.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 408, nays 0, not voting 26, as follows:

[Roll No. 526]

YEAS—408

Abercrombie	Davis, Jo Ann	Isakson
Ackerman	Davis, Tom	Israel
Aderholt	Deal (GA)	Issa
Akin	DeFazio	Istook
Alexander	DeGette	Jackson (IL)
Allen	Delahunt	Jackson-Lee
Andrews	DeLauro	(TX)
Baca	DeLay	Janklow
Bachus	Deutsch	Jefferson
Baird	Diaz-Balart, L.	Jenkins
Baker	Diaz-Balart, M.	John
Baldwin	Dicks	Johnson (CT)
Ballance	Dingell	Johnson (IL)
Ballenger	Doggett	Johnson, E. B.
Barrett (SC)	Dooley (CA)	Johnson, Sam
Bartlett (MD)	Doolittle	Jones (NC)
Barton (TX)	Doyle	Jones (OH)
Bass	Duncan	Kanjorski
Beauprez	Dunn	Kaptur
Becerra	Edwards	Keller
Bell	Ehlers	Kelly
Bereuter	Emanuel	Kennedy (MN)
Berkley	Emerson	Kennedy (RI)
Berman	Engel	Kildee
Berry	English	Kilpatrick
Biggert	Etheridge	Kind
Billrakis	Evans	King (IA)
Bishop (GA)	Everett	King (NY)
Bishop (NY)	Farr	Kingston
Bishop (UT)	Feeney	Kirk
Blackburn	Ferguson	Klecza
Blumenauer	Filner	Kline
Blunt	Flake	Knollenberg
Boehner	Foley	Kolbe
Bonilla	Forbes	Kucinich
Bonner	Ford	LaHood
Bono	Frank (MA)	Lampson
Boozman	Franks (AZ)	Langevin
Boswell	Frelinghuysen	Lantos
Boucher	Frost	Larsen (WA)
Boyd	Gallegly	Larson (CT)
Bradley (NH)	Garrett (NJ)	Latham
Brady (PA)	Gerlach	LaTourette
Brown (OH)	Gibbons	Leach
Brown (SC)	Gilchrest	Lee
Brown, Corrine	Gillmor	Levin
Brown-Waite,	Gingrey	Lewis (CA)
Ginny	Gonzalez	Lewis (GA)
Burgess	Goode	Lewis (KY)
Burns	Goodlatte	Linder
Burr	Gordon	LoBiondo
Burton (IN)	Goss	Loftgren
Buyer	Granger	Lowey
Calvert	Graves	Lucas (KY)
Camp	Green (TX)	Lucas (OK)
Cannon	Green (WI)	Lynch
Capps	Grijalva	Majette
Capuano	Gutierrez	Maloney
Cardin	Gutknecht	Manzullo
Cardoza	Hall	Markey
Carson (IN)	Harman	Marshall
Carson (OK)	Harris	Matheson
Carter	Hart	Matsui
Case	Hastings (FL)	McCarthy (MO)
Castle	Hastings (WA)	McCarthy (NY)
Chabot	Hayes	McCollum
Chocola	Hayworth	McCotter
Clay	Hefley	McCrery
Clyburn	Hensarling	McDermott
Coble	Herger	McGovern
Cole	Hill	McHugh
Collins	Hinchey	McInnis
Conyers	Hinojosa	McIntyre
Cooper	Hobson	McKeon
Costello	Hoeffel	McNulty
Cox	Hoekstra	Meehan
Cramer	Holden	Meek (FL)
Crenshaw	Holt	Meeks (NY)
Crowley	Honda	Menendez
Cubin	Hoolley (OR)	Mica
Cummings	Hostettler	Michaud
Cunningham	Houghton	Millender
Davis (AL)	Hoyer	McDonald
Davis (CA)	Hulshof	Miller (FL)
Davis (FL)	Hunter	Miller (MI)
Davis (IL)	Hyde	Miller (NC)
Davis (TN)	Inslee	Miller, Gary

Miller, George	Rangel	Spratt
Mollohan	Regula	Stearns
Moore	Rehberg	Stenholm
Moran (KS)	Renzi	Strickland
Moran (VA)	Reynolds	Stupak
Murphy	Rodriguez	Sullivan
Musgrave	Rogers (AL)	Tancredo
Myrick	Rogers (KY)	Tanner
Nadler	Rogers (MI)	Tauscher
Napolitano	Rohrabacher	Tauzin
Neal (MA)	Ross	Taylor (MS)
Nethercutt	Rothman	Taylor (NC)
Neugebauer	Roybal-Allard	Terry
Ney	Royce	Thomas
Northup	Ruppersberger	Thompson (CA)
Norwood	Rush	Thornberry
Nunes	Ryan (OH)	Tiahrt
Nussle	Ryan (WI)	Tiberi
Oberstar	Ryun (KS)	Tierney
Obeys	Sabo	Toomey
Oliver	Sanchez, Linda	Turner (TX)
Ortiz	T.	Udall (CO)
Osborne	Sanchez, Loretta	Udall (NM)
Ose	Sanders	
Otter	Sandlin	Upton
Owens	Saxton	Van Hollen
Oxley	Schakowsky	Velazquez
Pallone	Schiff	Visclosky
Pascarell	Schrock	Vitter
Pastor	Scott (GA)	Walden (OR)
Paul	Scott (VA)	Walsh
Payne	Sensenbrenner	Wamp
Pearce	Serrano	Watson
Pelosi	Sessions	Watt
Pence	Shadegg	Waxman
Peterson (MN)	Shaw	Weiner
Peterson (PA)	Shays	Weld (FL)
Petri	Sherman	Weldon (PA)
Pickering	Sherwood	Weller
Pitts	Shimkus	Wexler
Platts	Shuster	Whitfield
Pombo	Simmons	Wicker
Pomeroy	Skelton	Wilson (NM)
Porter	Slaughter	Wilson (SC)
Price (NC)	Smith (MI)	Wolf
Pryce (OH)	Smith (NJ)	Woolsey
Putnam	Smith (TX)	Wu
Quinn	Smith (WA)	Wynn
Radanovich	Snyder	Young (AK)
Rahall	Solis	Young (FL)
Ramstad	Souder	

NOT VOTING—26

Boehlert	Fattah	Ros-Lehtinen
Brady (TX)	Fletcher	Simpson
Cantor	Fossella	Stark
Capito	Gephardt	Sweeney
Crane	Greenwood	Thompson (MS)
Culberson	Lipinski	Towns
DeMint	Murtha	Turner (OH)
Dreier	Portman	Waters
Eshoo	Reyes	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). Members are advised 2 minutes remain in this vote.

□ 1913

So (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

CONFERENCE REPORT ON S. 3, PARTIAL-BIRTH ABORTION BAN ACT OF 2003

Mr. SENSENBRENNER submitted the following conference report and statement on the bill (S. 3) to prohibit the procedure commonly known as partial-birth abortion:

CONFERENCE REPORT (H. REPT. 108-288)

The committee of conference on the disagreeing votes of the two Houses on the amendment of the House to the bill (S. 3), to prohibit the procedure commonly known as partial-birth abortion, having met, after full

and free conference, have agreed to recommend and do recommend to their respective Houses as follows:

That the Senate recede from its disagreement to the amendment of the House and agree to the same with an amendment as follows:

In lieu of the matter proposed to be inserted by the House amendment, insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Partial-Birth Abortion Ban Act of 2003”.

SEC. 2. FINDINGS.

The Congress finds and declares the following:

(1) *A moral, medical, and ethical consensus exists that the practice of performing a partial-birth abortion—an abortion in which a physician deliberately and intentionally vaginally delivers a living, unborn child’s body until either the entire baby’s head is outside the body of the mother, or any part of the baby’s trunk past the navel is outside the body of the mother and only the head remains inside the womb, for the purpose of performing an overt act (usually the puncturing of the back of the child’s skull and removing the baby’s brains) that the person knows will kill the partially delivered infant, performs this act, and then completes delivery of the dead infant—is a gruesome and inhumane procedure that is never medically necessary and should be prohibited.*

(2) *Rather than being an abortion procedure that is embraced by the medical community, particularly among physicians who routinely perform other abortion procedures, partial-birth abortion remains a disfavored procedure that is not only unnecessary to preserve the health of the mother, but in fact poses serious risks to the long-term health of women and in some circumstances, their lives. As a result, at least 27 States banned the procedure as did the United States Congress which voted to ban the procedure during the 104th, 105th, and 106th Congresses.*

(3) *In Stenberg v. Carhart, 530 U.S. 914, 932 (2000), the United States Supreme Court opined “that significant medical authority supports the proposition that in some circumstances, [partial birth abortion] would be the safest procedure” for pregnant women who wish to undergo an abortion. Thus, the Court struck down the State of Nebraska’s ban on partial-birth abortion procedures, concluding that it placed an “undue burden” on women seeking abortions because it failed to include an exception for partial-birth abortions deemed necessary to preserve the “health” of the mother.*

(4) *In reaching this conclusion, the Court deferred to the Federal district court’s factual findings that the partial-birth abortion procedure was statistically and medically as safe as, and in many circumstances safer than, alternative abortion procedures.*

(5) *However, substantial evidence presented at the Stenberg trial and overwhelming evidence presented and compiled at extensive Congressional hearings, much of which was compiled after the district court hearing in Stenberg, and thus not included in the Stenberg trial record, demonstrates that a partial-birth abortion is never necessary to preserve the health of a woman, poses significant health risks to a woman upon whom the procedure is performed and is outside the standard of medical care.*

(6) *Despite the dearth of evidence in the Stenberg trial court record supporting the district court’s findings, the United States Court of Appeals for the Eighth Circuit and the Supreme Court refused to set aside the district court’s factual findings because, under the applicable standard of appellate review, they were not “clearly erroneous”. A finding of fact is clearly erroneous “when although there is evidence to*

support it, the reviewing court on the entire evidence is left with the definite and firm conviction that a mistake has been committed". *Anderson v. City of Bessemer City, North Carolina*, 470 U.S. 564, 573 (1985). Under this standard, "if the district court's account of the evidence is plausible in light of the record viewed in its entirety, the court of appeals may not reverse it even though convinced that had it been sitting as the trier of fact, it would have weighed the evidence differently". *Id.* at 574.

(7) Thus, in *Stenberg*, the United States Supreme Court was required to accept the very questionable findings issued by the district court judge—the effect of which was to render null and void the reasoned factual findings and policy determinations of the United States Congress and at least 27 State legislatures.

(8) However, under well-settled Supreme Court jurisprudence, the United States Congress is not bound to accept the same factual findings that the Supreme Court was bound to accept in *Stenberg* under the "clearly erroneous" standard. Rather, the United States Congress is entitled to reach its own factual findings—findings that the Supreme Court accords great deference—and to enact legislation based upon these findings so long as it seeks to pursue a legitimate interest that is within the scope of the Constitution, and draws reasonable inferences based upon substantial evidence.

(9) In *Katzenbach v. Morgan*, 384 U.S. 641 (1966), the Supreme Court articulated its highly deferential review of Congressional factual findings when it addressed the constitutionality of section 4(e) of the Voting Rights Act of 1965. Regarding Congress' factual determination that section 4(e) would assist the Puerto Rican community in "gaining nondiscriminatory treatment in public services," the Court stated that "[i]t was for Congress, as the branch that made this judgment, to assess and weigh the various conflicting considerations * * *. It is not for us to review the congressional resolution of these factors. It is enough that we be able to perceive a basis upon which the Congress might resolve the conflict as it did. There plainly was such a basis to support section 4(e) in the application in question in this case." *Id.* at 653.

(10) Katzenbach's highly deferential review of Congress' factual conclusions was relied upon by the United States District Court for the District of Columbia when it upheld the "bail-out" provisions of the Voting Rights Act of 1965, (42 U.S.C. 1973c), stating that "congressional fact finding, to which we are inclined to pay great deference, strengthens the inference that, in those jurisdictions covered by the Act, state actions discriminatory in effect are discriminatory in purpose". *City of Rome, Georgia v. U.S.*, 472 F. Supp. 221 (D.D.C. 1979) *aff'd* *City of Rome, Georgia v. U.S.*, 446 U.S. 156 (1980).

(11) The Court continued its practice of deferring to congressional factual findings in reviewing the constitutionality of the must-carry provisions of the Cable Television Consumer Protection and Competition Act of 1992. See *Turner Broadcasting System, Inc. v. Federal Communications Commission*, 512 U.S. 622 (1994) (*Turner I*) and *Turner Broadcasting System, Inc. v. Federal Communications Commission*, 520 U.S. 180 (1997) (*Turner II*). At issue in the *Turner* cases was Congress' legislative finding that, absent mandatory carriage rules, the continued viability of local broadcast television would be "seriously jeopardized". The *Turner I* Court recognized that as an institution, "Congress is far better equipped than the judiciary to 'amass and evaluate the vast amounts of data' bearing upon an issue as complex and dynamic as that presented here". 512 U.S. at 665-66. Although the Court recognized that "the deference afforded to legislative findings does 'not foreclose our independent judgment of the facts bearing on an issue of constitutional law,'" its "obligation to exercise independent judgment when First Amendment rights are implicated is not a license to reweigh the evidence de novo, or to re-

place Congress' factual predictions with our own. Rather, it is to assure that, in formulating its judgments, Congress has drawn reasonable inferences based on substantial evidence." *Id.* at 666.

(12) Three years later in *Turner II*, the Court upheld the "must-carry" provisions based upon Congress' findings, stating the Court's "sole obligation is 'to assure that, in formulating its judgments, Congress has drawn reasonable inferences based on substantial evidence.'" 520 U.S. at 195. Citing its ruling in *Turner I*, the Court reiterated that "[w]e owe Congress' findings deference in part because the institution 'is far better equipped than the judiciary to 'amass and evaluate the vast amounts of data' bearing upon' legislative questions," *id.* at 195, and added that it "owe[d] Congress' findings an additional measure of deference out of respect for its authority to exercise the legislative power." *Id.* at 196.

(13) There exists substantial record evidence upon which Congress has reached its conclusion that a ban on partial-birth abortion is not required to contain a "health" exception, because the facts indicate that a partial-birth abortion is never necessary to preserve the health of a woman, poses serious risks to a woman's health, and lies outside the standard of medical care. Congress was informed by extensive hearings held during the 104th, 105th, 107th, and 108th Congresses and passed a ban on partial-birth abortion in the 104th, 105th, and 106th Congresses. These findings reflect the very informed judgment of the Congress that a partial-birth abortion is never necessary to preserve the health of a woman, poses serious risks to a woman's health, and lies outside the standard of medical care, and should, therefore, be banned.

(14) Pursuant to the testimony received during extensive legislative hearings during the 104th, 105th, 107th, and 108th Congresses, Congress finds and declares that:

(A) Partial-birth abortion poses serious risks to the health of a woman undergoing the procedure. Those risks include, among other things: an increase in a woman's risk of suffering from cervical incompetence, a result of cervical dilation making it difficult or impossible for a woman to successfully carry a subsequent pregnancy to term; an increased risk of uterine rupture, abortion, amniotic fluid embolus, and trauma to the uterus as a result of converting the child to a footling breech position, a procedure which, according to a leading obstetrics textbook, "there are very few, if any, indications for * * * other than for delivery of a second twin"; and a risk of lacerations and secondary hemorrhaging due to the doctor blindly forcing a sharp instrument into the base of the unborn child's skull while he or she is lodged in the birth canal, an act which could result in severe bleeding, brings with it the threat of shock, and could ultimately result in maternal death.

(B) There is no credible medical evidence that partial-birth abortions are safe or are safer than other abortion procedures. No controlled studies of partial-birth abortions have been conducted nor have any comparative studies been conducted to demonstrate its safety and efficacy compared to other abortion methods. Furthermore, there have been no articles published in peer-reviewed journals that establish that partial-birth abortions are superior in any way to established abortion procedures. Indeed, unlike other more commonly used abortion procedures, there are currently no medical schools that provide instruction on abortions that include the instruction in partial-birth abortions in their curriculum.

(C) A prominent medical association has concluded that partial-birth abortion is "not an accepted medical practice", that it has "never been subject to even a minimal amount of the normal medical practice development," that "the relative advantages and disadvantages of the procedure in specific circumstances remain

unknown," and that "there is no consensus among obstetricians about its use". The association has further noted that partial-birth abortion is broadly disfavored by both medical experts and the public, is "ethically wrong," and "is never the only appropriate procedure".

(D) Neither the plaintiff in *Stenberg v. Carhart*, nor the experts who testified on his behalf, have identified a single circumstance during which a partial-birth abortion was necessary to preserve the health of a woman.

(E) The physician credited with developing the partial-birth abortion procedure has testified that he has never encountered a situation where a partial-birth abortion was medically necessary to achieve the desired outcome and, thus, is never medically necessary to preserve the health of a woman.

(F) A ban on the partial-birth abortion procedure will therefore advance the health interests of pregnant women seeking to terminate a pregnancy.

(G) In light of this overwhelming evidence, Congress and the States have a compelling interest in prohibiting partial-birth abortions. In addition to promoting maternal health, such a prohibition will draw a bright line that clearly distinguishes abortion and infanticide, that preserves the integrity of the medical profession, and promotes respect for human life.

(H) Based upon *Roe v. Wade*, 410 U.S. 113 (1973) and *Planned Parenthood v. Casey*, 505 U.S. 833 (1992), a governmental interest in protecting the life of a child during the delivery process arises by virtue of the fact that during a partial-birth abortion, labor is induced and the birth process has begun. This distinction was recognized in *Roe* when the Court noted, without comment, that the Texas partition statute, which prohibited one from killing a child "in a state of being born and before actual birth," was not under attack. This interest becomes compelling as the child emerges from the maternal body. A child that is completely born is a full, legal person entitled to constitutional protections afforded a "person" under the United States Constitution. Partial-birth abortions involve the killing of a child that is in the process, in fact mere inches away from, becoming a "person". Thus, the government has a heightened interest in protecting the life of the partially-born child.

(I) This, too, has not gone unnoticed in the medical community, where a prominent medical association has recognized that partial-birth abortions are "ethically different from other destructive abortion techniques because the fetus, normally twenty weeks or longer in gestation, is killed outside of the womb". According to this medical association, the "'partial birth' gives the fetus an autonomy which separates it from the right of the woman to choose treatments for her own body".

(J) Partial-birth abortion also confuses the medical, legal, and ethical duties of physicians to preserve and promote life, as the physician acts directly against the physical life of a child, whom he or she had just delivered, all but the head, out of the womb, in order to end that life. Partial-birth abortion thus appropriates the terminology and techniques used by obstetricians in the delivery of living children—obstetricians who preserve and protect the life of the mother and the child—and instead uses those techniques to end the life of the partially-born child.

(K) Thus, by aborting a child in the manner that purposefully seeks to kill the child after he or she has begun the process of birth, partial-birth abortion undermines the public's perception of the appropriate role of a physician during the delivery process, and perverts a process during which life is brought into the world, in order to destroy a partially-born child.

(L) The gruesome and inhumane nature of the partial-birth abortion procedure and its disturbing similarity to the killing of a newborn infant promotes a complete disregard for infant human life that can only be countered by a prohibition of the procedure.

(M) The vast majority of babies killed during partial-birth abortions are alive until the end of the procedure. It is a medical fact, however, that unborn infants at this stage can feel pain when subjected to painful stimuli and that their perception of this pain is even more intense than that of newborn infants and older children when subjected to the same stimuli. Thus, during a partial-birth abortion procedure, the child will fully experience the pain associated with piercing his or her skull and sucking out his or her brain.

(N) Implicitly approving such a brutal and inhumane procedure by choosing not to prohibit it will further coarsen society to the humanity of not only newborns, but all vulnerable and innocent human life, making it increasingly difficult to protect such life. Thus, Congress has a compelling interest in acting—indeed it must act—to prohibit this inhumane procedure.

(O) For these reasons, Congress finds that partial-birth abortion is never medically indicated to preserve the health of the mother; is in fact unrecognized as a valid abortion procedure by the mainstream medical community; poses additional health risks to the mother; blurs the line between abortion and infanticide in the killing of a partially-born child just inches from birth; and confuses the role of the physician in childbirth and should, therefore, be banned.

SEC. 3. PROHIBITION ON PARTIAL-BIRTH ABORTIONS.

(a) IN GENERAL.—Title 18, United States Code, is amended by inserting after chapter 73 the following:

“CHAPTER 74—PARTIAL-BIRTH ABORTIONS

“Sec.

“1531. Partial-birth abortions prohibited.

“§ 1531. Partial-birth abortions prohibited

“(a) Any physician who, in or affecting interstate or foreign commerce, knowingly performs a partial-birth abortion and thereby kills a human fetus shall be fined under this title or imprisoned not more than 2 years, or both. This subsection does not apply to a partial-birth abortion that is necessary to save the life of a mother whose life is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself. This subsection takes effect 1 day after the enactment.

“(b) As used in this section—

“(1) the term ‘partial-birth abortion’ means an abortion in which the person performing the abortion—

“(A) deliberately and intentionally vaginally delivers a living fetus until, in the case of a head-first presentation, the entire fetal head is outside the body of the mother, or, in the case of breech presentation, any part of the fetal trunk past the navel is outside the body of the mother, for the purpose of performing an overt act that the person knows will kill the partially delivered living fetus; and

“(B) performs the overt act, other than completion of delivery, that kills the partially delivered living fetus; and

“(2) the term ‘physician’ means a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which the doctor performs such activity, or any other individual legally authorized by the State to perform abortions: Provided, however, That any individual who is not a physician or not otherwise legally authorized by the State to perform abortions, but who nevertheless directly performs a partial-birth abortion, shall be subject to the provisions of this section.

“(c)(1) The father, if married to the mother at the time she receives a partial-birth abortion procedure, and if the mother has not attained the age of 18 years at the time of the abortion, the maternal grandparents of the fetus, may in a civil action obtain appropriate relief, unless the pregnancy resulted from the plaintiff’s

criminal conduct or the plaintiff consented to the abortion.

“(2) Such relief shall include—

“(A) money damages for all injuries, psychological and physical, occasioned by the violation of this section; and

“(B) statutory damages equal to three times the cost of the partial-birth abortion.

“(d)(1) A defendant accused of an offense under this section may seek a hearing before the State Medical Board on whether the physician’s conduct was necessary to save the life of the mother whose life was endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself.

“(2) The findings on that issue are admissible on that issue at the trial of the defendant. Upon a motion of the defendant, the court shall delay the beginning of the trial for not more than 30 days to permit such a hearing to take place.

“(e) A woman upon whom a partial-birth abortion is performed may not be prosecuted under this section, for a conspiracy to violate this section, or for an offense under section 2, 3, or 4 of this title based on a violation of this section.”

(b) CLERICAL AMENDMENT.—The table of chapters for part I of title 18, United States Code, is amended by inserting after the item relating to chapter 73 the following new item:

“74. Partial-birth abortions 1531”.

And the House agree to the same.

F. JAMES SENSENBRENNER,
HENRY HYDE,
STEVE CHABOT,

Managers on the Part of the House.

ORRIN HATCH,
RICK SANTORUM,
MIKE DEWINE,

Managers on the Part of the Senate.

JOINT EXPLANATORY STATEMENT OF THE COMMITTEE OF CONFERENCE

The managers on the part of the House and the Senate at the conference on the disagreeing votes of the two Houses on the amendment of the House to the bill (S. 3), to prohibit the procedure commonly known as partial-birth abortion, submit the following joint statement to the House and the Senate in explanation of the effect of the action agreed upon by the managers and recommended in the accompanying conference report:

The House amendment struck all the Senate bill after the enacting clause and inserted a substitute text.

The Senate recedes from its disagreement to the amendment of the House with an amendment that is a substitute for the Senate bill and the House amendment. The differences between the Senate bill, the House amendment, and the substitute agreed to in conference are noted below, except for clerical corrections, conforming changes made necessary by agreements reached by the conferees, and minor drafting and clarifying changes.

Section 1. Short title

Section 1 of the conference report is identical to Section 1 of the House amendment and Section 1 of the Senate bill. Section 1 states that the short title of this measure is the “Partial-Birth Abortion Ban Act of 2003.”

Section 2. Findings

Paragraph (1) in Section 2 of the conference report is substantially similar, with clarifications, to paragraph (1) in Section 2 of the House passed bill and paragraph (1) in Section 2 of the Senate passed bill. In paragraph (1) Congress finds that a moral, medical, and ethical consensus exists that the practice of performing a partial-birth abortion—an abortion in which a physician deliberately and intentionally vaginally delivers

a living, unborn child’s body until either the entire baby’s head is outside the body of the mother, or, any part of the baby’s trunk past the navel is outside the body of the mother and only the head remains inside the womb, for the purpose of performing an overt act (usually the puncturing of the back of the child’s skull and removing the child’s brains) that the person knows will kill the partially delivered living infant, performs this act, and then completes delivery of the dead infant—is a gruesome and inhumane procedure that is never medically necessary and should be prohibited.

Paragraph (2) in Section 2 of the conference report is identical to paragraph (2) in Section 2 of the House amendment and paragraph (2) in Section 2 of the Senate bill. In paragraph (2), Congress finds that rather than being an abortion procedure that is embraced by the medical community, particularly among physicians who routinely perform other abortion procedures, partial-birth abortion remains a disfavored procedure that is not only unnecessary to preserve the health of the mother, but in fact poses serious risks to the long-term health of women and in some circumstances, their lives. Congress also finds that as a result, at least 27 States banned the procedure as did the United States Congress which voted to ban the procedure during the 104th, 105th, and 106th Congresses.

Paragraph (3) in Section 2 of the conference report is identical to paragraph (3) in Section 2 of the House amendment and paragraph (3) in Section 2 of the Senate bill. In paragraph (3), Congress finds that in *Stenberg v. Carhart*, 530 U.S. 914, 932 (2000), the United States Supreme Court, which did not have in front of it the extensive factual record compiled by Congress, construed the record in that case to support “the proposition that in some circumstances, [partial-birth abortion] would be the safest procedure” for pregnant women who wish to undergo an abortion. Congress also finds that as a result of having reached this conclusion the Court struck down the State of Nebraska’s ban on partial-birth abortion procedures, concluding that it failed to include an exception for partial-birth abortions deemed necessary to preserve the “health” of the mother, and placed an “undue burden” on women seeking abortions.

Paragraph (4) in Section 2 of the conference report is identical to paragraph (4) in Section 2 of the House amendment and paragraph (4) in Section 2 of the Senate bill. In paragraph (4), Congress finds that the Court’s decision was based on the Federal district court’s factual findings that the partial-birth abortion procedure was statistically and medically as safe as, and in many circumstances safer than, alternative abortion procedures—findings which are contradicted by Congress’s extensive factual record presented and compiled during the 104th, 105th, 107th, and 108th Congresses.

Paragraph (5) in Section 2 of the conference report is substantially similar, with clarifications, to paragraph (5) in Section 2 of the House passed bill and paragraph (5) in Section 2 of the Senate passed bill. In paragraph (5) Congress finds that substantial evidence presented at the *Stenberg* trial, and the overwhelming evidence that was presented and compiled at extensive Congressional hearings, much of which was compiled after the district court hearing in *Stenberg*, and thus not included in the *Stenberg* trial record, demonstrates that a partial-birth abortion is never necessary to preserve the health of a woman, poses significant health risks to a woman upon whom the procedure is performed, and is outside of the standard of medical care.

Paragraph (6) in Section 2 of the conference report is identical to paragraph (6) in Section 2 of the House amendment and paragraph (6) in Section 2 of the Senate bill. In paragraph (6), Congress finds that despite the dearth of evidence in the *Stenberg* trial court record supporting the district court's findings, the United States Court of Appeals for the Eighth Circuit and the Supreme Court refused to set aside the district court's factual findings because, under the applicable standard of appellate review, they were not "clearly erroneous." Congress also finds that a finding of fact is clearly erroneous "when although there is evidence to support it, the reviewing court on the entire evidence is left with the definite and firm conviction that a mistake has been committed" *Anderson v. City of Bessemer, North Carolina*, 470 U.S. 564, 573 (1985). Congress also finds that under this standard, "if the district court's account of the evidence is plausible in light of the record viewed in its entirety, the court of appeals may not reverse it even though convinced that had it been sitting as the trier of fact, it would have weighed the evidence differently." *Id.* at 574.

Paragraph (7) in Section 2 of the conference report is identical to paragraph (7) in Section 2 of the House amendment and paragraph (7) in Section 2 of the Senate bill. In paragraph (7), Congress finds that in *Stenberg*, the United States Supreme Court was required to accept the very questionable findings issued by the district court judge—the effect of which was to render null and void the reasoned factual findings and policy determinations of the United States Congress and at least 27 State legislatures.

Paragraph (8) in Section 2 of the conference report is identical to paragraph (8) in Section 2 of the House amendment and paragraph (8) in Section 2 of the Senate bill. In paragraph (8), Congress finds that under well-settled Supreme Court jurisprudence, it is not bound to accept the same factual findings that the Supreme Court was bound to accept in *Stenberg* under the "clearly erroneous" standard. Congress also finds that it is entitled to reach its own factual findings—findings that the Supreme Court accords great deference—and to enact legislation based upon these findings so long as it seeks to pursue a legitimate interest that is within the scope of the Constitution, and draws reasonable inferences based upon substantial evidence.

Paragraph (9) in Section 2 of the conference report is identical to paragraph (9) in Section 2 of the House amendment and paragraph (9) in Section 2 of the Senate bill. In paragraph (9), Congress finds that in *Katzenbach v. Morgan*, 384 U.S. 641 (1966), the Supreme Court articulated its highly deferential review of Congressional factual findings when it addressed the constitutionality of section 4(e) of the Voting Rights Act of 1965. Regarding Congress' factual determination that section 4(e) would assist the Puerto Rican community in "gaining nondiscriminatory treatment in public services," the Court stated that "[i]t was for Congress, as the branch that made this judgment, to assess and weigh the various conflicting considerations. * * * It is not for us to review the congressional resolution of these factors. It is enough that we be able to perceive a basis upon which the Congress might resolve the conflict as it did. There plainly was such a basis to support section 4(e) in the application in question in this case." *Id.* at 653.

Paragraph (10) in Section 2 of the conference report is substantively identical, with technical clarifications, to paragraph (10) in Section 2 of the House amendment and paragraph (10) in Section 2 of the Senate bill. In paragraph (10), Congress finds that *Katzenbach's* highly deferential review of

Congress's factual conclusions was relied upon by the United States District Court for the District of Columbia when it upheld the "bail-out" provisions of the Voting Rights Act of 1965, (42 U.S.C. 1973c), stating that "congressional fact finding, to which we are inclined to pay great deference, strengthens the inference that, in those jurisdictions covered by the Act, state actions discriminatory in effect are discriminatory in purpose." *City of Rome, Georgia v. U.S.*, 472 F. Supp. 221 (D.C. 1979), *aff'd*, 446 U.S. 156 (1980).

Paragraph (11) in Section 2 of the conference report is identical to paragraph (11) in Section 2 of the House amendment and paragraph (11) in Section 2 of the Senate bill. In paragraph (11), Congress finds that the Court continued its practice of deferring to congressional factual findings in reviewing the constitutionality of the must-carry provisions of the Cable Television Consumer Protection and Competition Act of 1992. See *Turner Broadcasting System, Inc. v. Federal Communications Commission*, 512 U.S. 622 (1994) (*Turner I*) and *Turner Broadcasting System, Inc. v. Federal Communications Commission*, 520 U.S. 180 (1997) (*Turner II*). Congress finds that at issue in the *Turner* cases was Congress' legislative finding that, absent mandatory carriage rules, the continued viability of local broadcast television would be "seriously jeopardized." Congress finds that the *Turner I* Court recognized that as an institution, "Congress is far better equipped than the judiciary to 'amass and evaluate the vast amounts of data' bearing upon an issue as complex and dynamic as that presented here." 512 U.S. at 665–66. Although the Court recognized that "the deference afforded to legislative findings does 'not foreclose our independent judgment of the facts bearing on an issue of constitutional law,'" its "obligation to exercise independent judgment when First Amendment rights are implicated is not a license to reweigh the evidence *de novo*, or to replace Congress' factual predictions with our own. Rather, it is to assure that, in formulating its judgments, Congress has drawn reasonable inferences based on substantial evidence." *Id.* at 666.

Paragraph (12) in Section 2 of the conference report is identical to paragraph (12) in Section 2 of the House amendment and paragraph (12) in Section 2 of the Senate bill. In paragraph (12), Congress finds that three years later in *Turner II*, the Court upheld the "must-carry" provisions based upon Congress' findings, stating the Court's "sole obligation is 'to assure that, in formulating its judgments, Congress has drawn reasonable inferences based on substantial evidence.'" 520 U.S. at 195. Congress finds that, citing its ruling in *Turner I*, the Court reiterated that "[w]e owe Congress' findings deference in part because the institution 'is far better equipped than the judiciary to 'amass and evaluate the vast amounts of data' bearing upon legislative questions.'" *Id.* at 195, and added that it "owe[d] Congress' findings an additional measure of deference out of respect for its authority to exercise the legislative power." *Id.* at 196.

Paragraph (13) in Section 2 of the conference report is substantively identical, with technical clarifications, to paragraph (13) in Section 2 of the House amendment and paragraph (13) in Section 2 of the Senate bill. In paragraph (13), Congress finds that there exists substantial record evidence upon which Congress has reached its conclusion that a ban on partial-birth abortion is not required to contain a "health" exception, because the facts demonstrate that a partial-birth abortion is never necessary to preserve the health of a woman, poses serious risks to a woman's health, and lies outside the standard of medical care. Congress also finds that it has been informed by extensive hearings

held during the 104th, 105th, 107th, and 108th Congresses and passed a ban on partial-birth abortion in the 104th, 105th, and 106th Congresses. Congress finds that these findings reflect its very informed judgment that a partial-birth abortion is never necessary to preserve the health of a woman, poses serious risks to a woman's health, and lies outside the standard of medical care, and should, therefore, be banned.

Paragraph (14) in Section 2 of the conference report is substantively identical, with technical clarifications, to paragraph (14) in Section 2 of the House amendment and paragraph (14) in Section 2 of the Senate bill. In paragraph (14), Congress, pursuant to the substantial and credible testimony received during extensive legislative hearings during the 104th, 105th, 107th, and 108th Congresses, lists its declarations regarding the partial-birth abortion procedure:

Paragraph (14)(A) in Section 2 of the conference report is identical to paragraph (14)(A) in Section 2 of the House amendment and paragraph (14)(A) in Section 2 of the Senate bill. In paragraph (14)(A), Congress declares that a partial-birth abortion poses serious risks to the health of a woman undergoing the procedure. Those risks include, among other things: an increase in a woman's risk of suffering from cervical incompetence, a result of cervical dilation making it difficult or impossible for a woman to successfully carry a subsequent pregnancy to term; an increased risk of uterine rupture, abortion, amniotic fluid embolus, and trauma to the uterus as a result of converting the child to a footling breech position, a procedure which, according to a leading obstetrics textbook, "there are very few, if any, indications for * * * other than for delivery of a second twin"; and a risk of lacerations and secondary hemorrhaging due to the doctor blindly forcing a sharp instrument into the base of the unborn child's skull while he or she is lodged in the birth canal, an act which could result in severe bleeding, brings with it the threat of shock, and could ultimately result in maternal death. Therefore, Congress concludes that those who express the view that partial-birth abortion may be a safer method of abortion in some circumstances have never examined the severe risks of the procedure to the health of the mother and have not demonstrated that this procedure is a safe, medically accepted, standard of care.

Paragraph (14)(B) in Section 2 of the conference report is identical to paragraph (14)(B) in Section 2 of the House amendment and paragraph (14)(B) in Section 2 of the Senate bill. In paragraph (14)(B), Congress declares that there is no credible medical evidence that partial-birth abortions are safe or are safer than other abortion procedures. Congress also declares that no controlled studies of partial-birth abortions have been conducted nor have any comparative studies been conducted to demonstrate its safety and efficacy compared to other abortion methods. Congress further declares that there have been no articles published in peer-reviewed journals that establish that partial-birth abortions are superior in any way to established abortion procedures. Congress also declares that unlike other more commonly used abortion procedures, there are currently no medical schools that provide instruction on abortions that include the instruction in partial-birth abortions in their curriculum.

Paragraph (14)(C) in Section 2 of the conference report is identical to paragraph (14)(C) in Section 2 of the House amendment and paragraph (14)(C) in Section 2 of the Senate bill. In paragraph (14)(C), Congress declares that a prominent medical association has concluded that partial-birth abortion is "not an accepted medical practice," that it

has "never been subject to even a minimal amount of the normal medical practice development," that "the relative advantages and disadvantages of the procedure in specific circumstances remain unknown," and that "there is no consensus among obstetricians about its use." The association has further noted that partial-birth abortion is broadly disfavored by both medical experts and the public, is "ethically wrong," and "is never the only appropriate procedure."

Paragraph (14)(D) in Section 2 of the conference report is identical to paragraph (14)(D) in Section 2 of the House amendment and paragraph (14)(D) in Section 2 of the Senate bill. In paragraph (14)(D), Congress declares that those who espouse the view that partial-birth abortion "may" be the most appropriate abortion procedure for some women in "some" circumstances, such as the plaintiff in *Stenberg v. Carhart* and the experts who testified on his behalf, have failed to identify such circumstances and base their opinion on theoretical speculation, not actual evidence that demonstrates the relative safety of this abortion procedure.

Paragraph (14)(E) in Section 2 of the conference report is identical to paragraph (14)(E) in Section 2 of the House amendment and paragraph (14)(E) in Section 2 of the Senate bill. In paragraph (14)(E), Congress declares that the physician credited with developing the partial-birth abortion procedure has testified that he has never encountered a situation where a partial-birth abortion was medically necessary to achieve the desired outcome and, thus, is never medically necessary to preserve the health of a woman.

Paragraph (14)(F) in Section 2 of the conference report is identical to paragraph (14)(F) in the House amendment and paragraph (14)(F) in the Senate bill. In paragraph (14)(F), Congress declares that a ban on the partial-birth abortion procedure will advance the health interests of pregnant women seeking to terminate a pregnancy.

Paragraph (14)(G) in Section 2 of the conference report is identical to paragraph (14)(G) in the House amendment and paragraph (14)(G) in the Senate bill. In paragraph (14)(G), Congress declares that in light of this overwhelming evidence, Congress and the States have a compelling interest in prohibiting partial-birth abortions. Congress also declares that in addition to promoting maternal health, such a prohibition will draw a bright line that clearly distinguishes abortion and infanticide, that preserves the integrity of the medical profession, and promotes respect for human life.

Paragraph (14)(H) in Section 2 of the conference report is identical to paragraph (14)(H) in the House amendment and (14)(H) in the Senate bill. In paragraph (14)(H), Congress declares that based upon *Roe v. Wade*, 410 U. S. 113 (1973), and *Planned Parenthood v. Casey*, 505 U.S. 833 (1992), a governmental interest in protecting the life of a child during the delivery process arises, in part, by virtue of the fact that during a partial-birth abortion, labor is induced and the birth process has begun. Congress further declares that this distinction was recognized in *Roe* when the Court noted, without comment, that the Texas parturition statute, which prohibited one from killing a child "in a state of being born and before actual birth," was not under attack. Congress declares that this interest becomes compelling as the child emerges from the maternal body. Congress declares that a child that is completely born is a full, legal person entitled to constitutional protections afforded a "person" under the United States Constitution. Congress declares that partial-birth abortions involve the killing of a child that is in the process, in fact mere inches away from, becoming a "person." Partial birth gives the fetus an au-

tonomy that is separate and distinct from that of the mother. Thus, the government has a heightened interest in protecting the life of the partially-born child.

Paragraph (14)(I) in Section 2 of the conference report is identical to paragraph (14)(I) in Section 2 of the House amendment and paragraph (14)(I) in Section 2 of the Senate bill. In paragraph (14)(I), Congress declares that the distinction between a partial-birth abortion and other abortion methods has been recognized by the medical community, where a prominent medical association has recognized that partial-birth abortions are "ethically different from other destructive abortion techniques because the fetus, normally twenty weeks or longer in gestation, is killed outside of the womb." According to this medical association, the "'partial birth' gives the fetus an autonomy which separates it from the right of the woman to choose treatments for her own body."

Paragraph (14)(J) in Section 2 of the conference report is identical to paragraph (14)(J) in Section 2 of the House amendment and paragraph (14)(J) in Section 2 of the Senate bill. In paragraph (14)(J), Congress declares that a partial-birth abortion also confuses the medical, legal, and ethical duties of physicians to preserve and promote life, as the physician acts directly against the physical life of a child, whom he or she had just delivered, all but the head, out of the womb, in order to end that life. Congress further declares that a partial-birth abortion thus appropriates the terminology and techniques used by obstetricians in the delivery of living children—obstetricians who preserve and protect the life of the mother and the child—and instead uses those techniques to end the life of the partially-born child.

Paragraph (14)(K) in Section 2 of the conference report is identical to paragraph (14)(K) in Section 2 of the House amendment and paragraph (14)(K) in Section 2 of the Senate bill. In paragraph (14)(K), Congress declares that by aborting a child in the manner that purposefully seeks to kill the child after he or she has begun the process of birth, partial-birth abortion undermines the public's perception of the appropriate role of a physician during the delivery process, and perverts a process during which life is brought into the world, in order to destroy a partially-born child.

Paragraph (14)(L) in Section 2 of the conference report is identical to paragraph (14)(L) in Section 2 of the House amendment and paragraph (14)(L) in Section 2 of the Senate bill. In paragraph (14)(L), Congress declares that the gruesome and inhumane nature of the partial-birth abortion procedure and its disturbing similarity to the killing of a newborn infant promotes a complete disregard for infant human life that can only be countered by a prohibition of the procedure.

Paragraph (14)(M) in Section 2 of the conference report is identical to paragraph (14)(M) in Section 2 of the House amendment and paragraph (14)(M) in Section 2 of the Senate bill. In paragraph (14)(M), Congress declares that the vast majority of babies killed during partial-birth abortions are alive until the end of the procedure. Congress further declares that it is a medical fact, however, that unborn infants at this stage can feel pain when subjected to painful stimuli and that their perception of this pain is even more intense than that of newborn infants and older children when subjected to the same stimuli. Evidence compiled by Congress demonstrates that fetuses on whom in utero surgery is performed for medical reasons feel pain from needles and instruments and are provided anesthesia. Pain management is an important part of care provided to infants cared for in neonatal units who are of the same gestational ages as those

subject to partial-birth abortion. Partial-birth abortion is an extremely painful procedure for the fetus and, during a partial-birth abortion procedure, the child will fully experience the pain associated with piercing his or her skull and sucking out his or her brain.

Paragraph (14)(N) in Section 2 of the conference report is identical to paragraph (14)(N) in Section 2 of the House amendment and paragraph (14)(N) in Section 2 of the Senate bill. In paragraph (14)(N), Congress declares that implicitly approving such a brutal and inhumane procedure by choosing not to prohibit it will further coarsen society to the humanity of not only newborns, but all vulnerable and innocent human life, making it increasingly difficult to protect such life. Congress further declares that as a result it has a compelling interest in acting—indeed it must act—to prohibit this inhumane procedure.

Paragraph (14)(O) in Section 2 of the conference report is identical to paragraph (14)(O) in Section 2 of the House amendment and paragraph (14)(O) in Section 2 of the Senate bill. In paragraph (14)(O), Congress declares that for these reasons, it finds that partial-birth abortion is never medically indicated to preserve the health of the mother; is in fact unrecognized as a valid abortion procedure by the mainstream medical community; poses additional health risks to the mother; blurs the line between abortion and infanticide in the killing of a partially-born child just inches from birth; and confuses the role of the physician in childbirth and should, therefore, be banned.

Section 3. Prohibition on partial-birth abortions

Subsection (a) in Section 3 of the conference report is identical to subsection (a) in Section 3 of the House amendment and subsection (a) in Section 3 of the Senate bill. In subsection (a) of Section 3 Congress amends title 18 of the United States Code by inserting a new chapter 74 consisting of a new 18 U.S.C. 1531:

Subsection (a) of the new section 1531 contained in Section 3(a) of the conference report is identical to subsection (a) of the new section 1531 proposed in Section 3(a) of the House amendment and subsection (a) of the new section 1531 proposed in Section 3(a) of the Senate bill. Subsection (a) prohibits any physician from, in or affecting interstate or foreign commerce, knowingly performing a partial-birth abortion and thereby killing a human fetus. A physician who does so shall be fined under this title or imprisoned not more than 2 years, or both. This paragraph does not apply to a partial-birth abortion that is necessary to save the life of a mother whose life is endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself. This paragraph takes effect 1 day after the enactment.

Subsection (b)(1) of the new section 1531 contained in Section 3(a) of the conference report is substantively identical, with technical clarifications, to subsection (b)(1) of the new section 1531 proposed in Section 3(a) of the House amendment and subsection (b)(1) of the new section 1531 proposed in Section 3(a) of the Senate bill. Subsection (b)(1) states that a partial-birth abortion means an abortion in which the person performing the abortion deliberately and intentionally vaginally delivers an intact living fetus until, in the case of a head-first presentation, the entire fetal head is outside the body of the mother, or, in the case of breech presentation, any part of the fetal trunk past the navel is outside the body of the mother, for the purpose of performing an overt act that the person knows will kill the partially delivered living fetus and the person performing the abortion performs the

overt act (such as the removal of the intracranial contents), other than completion of delivery, that kills the partially delivered intact living fetus.

Subsection (b)(2) of the new section 1531 contained in Section 3(a) of the conference report is identical to subsection (b)(2) of the new section 1531 proposed in Section 3(a) of the House amendment and subsection (b)(2) of the new section 1531 proposed in Section 3(a) of the Senate bill. Subsection (b)(2) defines the term "physician" as a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which the doctor performs such activity, or any other individual legally authorized by the State to perform abortions: Provided, however, that any individual who is not a physician or not otherwise legally authorized by the State to perform abortions, but who nevertheless directly performs a partial-birth abortion, shall be subject to the provisions of this section.

Subsection (c)(1) of the new section 1531 contained in Section 3(a) of the conference report is identical to subsection (c)(1) of the new section 1531 proposed in Section 3(a) of the Senate bill. Subsection (c)(1) provides for a civil cause of action for the father, if married to the mother at the time she receives a partial-birth abortion procedure, and if the mother has not attained the age of 18 years at the time of the abortion, the maternal grandparents of the fetus, unless the pregnancy resulted from the plaintiff's criminal conduct or the plaintiff consented to the abortion.

Subsection (c)(2) of the new section 1531 contained in Section 3(a) of the conference report is identical to subsection (c)(2) of the new section 1531 proposed in Section 3(a) of the House amendment and paragraph (c)(2) of the new section 1531 proposed in Section 3(a) of the Senate bill. Subsection (c)(2), in paragraph (A) provides that such relief shall include money damages for all injuries, psychological and physical, occasioned by the violation of this section; and in paragraph (B) that statutory damages equal to three times the cost of the partial-birth abortion.

Subsection (d)(1) of the new section 1531 contained in Section 3(a) of the conference report is identical to subsection (d)(1) of the new section 1531 proposed in Section 3(a) of the House amendment and subsection (d)(1) of the new section 1531 proposed in Section 3(a) of the Senate bill. Subsection (d)(1) allows a defendant accused of an offense under this section to seek a hearing before the State Medical Board on whether the physician's conduct was necessary to save the life of the mother whose life was endangered by a physical disorder, physical illness, or physical injury, including a life-endangering physical condition caused by or arising from the pregnancy itself.

Subsection (d)(2) of the new section 1531 contained in Section 3(a) of the conference report is identical to subsection (d)(2) of the new section 1531 proposed in Section 3(a) of the House amendment and subsection (d)(2) of the new section 1531 proposed in Section 3(a) of the Senate bill. Subsection (d)(2) provides that the findings on that issue are admissible on that issue at the trial of the defendant. It also provides that upon a motion of the defendant, the court shall delay the beginning of the trial for not more than 30 days to permit such a hearing to take place.

Subsection (e) of the new section 1531 contained in Section 3(a) of the conference report is identical to subsection (e) of the new section 1531 proposed in Section 3(a) of the House amendment and subsection (e) of the new section 1531 proposed in Section 3(a) of the Senate bill. Subsection (e) provides that

a woman upon whom a partial-birth abortion is performed may not be prosecuted under this section, for a conspiracy to violate this section, or for an offense under section 2, 3, or 4 of this title based on a violation of this section.

Subsection (b) in Section 3 of the conference report is identical to subsection (b) in Section 3 of the House amendment and subsection (b) in Section 3 of the Senate bill. Subsection (b) is a clerical amendment to insert the new chapter in the table of chapters for part I of title 18, after the item relating to chapter 73.

Section 4 of the Senate bill had no counterpart in the House amendment, and it is not included in the substitute agreed to by the managers.

F. JAMES SENSENBRENNER,
HENRY HYDE,
STEVE CHABOT,

Managers on the Part of the House.

ORRIN HATCH,
RICK SANTORUM,
MIKE DEWINE,

Managers on the Part of the Senate.

□ 1915

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 3193

Mr. PORTER. Mr. Speaker, I ask unanimous consent to have my name removed as a cosponsor of H.R. 3193. My name was added to the list of cosponsors inadvertently.

The SPEAKER pro tempore (Mr. GILCHREST). Is there objection to the request of the gentleman from Nevada? There was no objection.

ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 1, MEDI- CARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003

Mr. CASE. Mr. Speaker, subject to rule XXII, clause 7(c), I hereby announce my intention to offer a motion to instruct on H.R. 1, the Medicare prescription drug bill.

The form of the motion is as follows:

Mr. CASE moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 1 be instructed as follows:

(1) The House recede to the Senate on the provisions to guarantee access to prescription drug coverage under section 1860D-13(e) of the Social Security Act, as added by section 101(a) of the Senate amendment.

(2) To reject the provisions of section 501 of the House bill.

(3) The House recede to the Senate on the following provisions of the Senate amendment to improve rural health care:

(A) Section 403 (relating to inpatient hospital adjustment for low volume hospitals).

(B) Section 404 (relating to medicare disproportionate share adjustment for rural areas), but with the effective date applicable under section 401(b) of the House bill.

(C) Section 404A (relating to MedPAC report on medicare disproportionate share hospital adjustment payments).

(D) The following provisions of section 405 (relating to critical access hospital improvements):

(i) Subsection (a), but with the effective date applicable under section 405(f)(4) of the House bill.

(ii) Subsection (b), but with the effective date applicable under section 405(c)(2) of the House bill.

(iii) Subsections (e), (f), and (g).

(E) Section 414 (relating to rural community hospital demonstration program).

(F) Section 415 (relating to critical access hospital improvement demonstration program).

(G) Section 417 (relating to treatment of certain entities for purposes of payment under the medicare program).

(H) Section 420 (relating to conforming changes relating to Federally qualified health centers).

(I) Section 420A (relating to increase for hospitals with disproportionate indigent care revenues).

(J) Section 421 (relating to establishment of floor on geographic adjustments of payments for physicians' services).

(K) Section 425 (relating to temporary increase for ground ambulance services), but with the effective date applicable under the amendment made by section 401(2) of the House bill.

(L) Section 426 (relating to appropriate coverage of air ambulance services under ambulance fee schedule).

(M) Section 427 (relating to treatment of certain clinical diagnostic laboratory tests furnished by a sole community hospital).

(N) Section 428 (relating to improvement in rural health clinic reimbursement).

(O) Section 444 (relating to GAO study of geographic differences in payments for physicians' services).

(A) Section 402 (relating to immediate establishment of uniform standardized amount in rural and small urban areas).

(B) Section 403 (relating to establishment of essential rural hospital classification).

(C) Subsections (a), (b), (d), and (e) of section 405 (relating to improvements to critical access hospital program).

(D) Section 416 (relating to revision of labor-related share of hospital inpatient pps wage index).

(E) Section 417 (relating to medicare incentive payment program improvements).

(F) Section 504 (relating to wage index classification reform).

(G) Section 601 (relating to revision of updates for physician services).

(H) Section 1001 (relating to medical disproportionate share hospital (DSH) payments).

ANNOUNCEMENT OF INTENTION TO OFFER MOTION TO INSTRUCT CONFEREES ON H.R. 1308, TAX RELIEF, SIMPLIFICATION, AND EQUITY ACT OF 2003

Mr. DAVIS of Alabama. Mr. Speaker, subject to rule XXII, clause 7(c), I hereby announce my intention to offer a motion to instruct on H.R. 1308, the child tax credit bill.

The form of the motion is as follows:

Mr. DAVIS of Alabama moves that the managers on the part of the House in the conference on the disagreeing votes of the two Houses on the House amendment to the Senate amendment to H.R. 1308 be instructed as follows:

1. The House conferees shall be instructed to include in the conference report the provision of the Senate amendment (not included in the House amendment) that provides immediate payments to taxpayers receiving an additional credit by reason of the bill in the same manner as other taxpayers were entitled to immediate payments under the Jobs and Growth Tax Relief Reconciliation Act of 2003.